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SECRETARY

October 1, 2025

Michael D. Hurley, Clerk
State House, Room 335
Boston, MA 02133

Timothy Carroll, Clerk
State House, Room 145
Boston, MA 02133

RE: FY2025 Opioid Recovery and Remediation Fund Annual Report

Dear Clerks Hurley and Carroll:

On behalf of the Opioid Recovery and Remediation Fund Advisory Council (Council), I am pleased to provide the following letter summarizing the Opioid Recovery and Remediation Fund's activities, revenues, and expenditures, pursuant to Chapter 309 of the Acts of 2020. Please accept this letter as the Fund's Annual Report.

Opioid Recovery and Remediation Fund ("ORRF" or "Fund"): To date, the Fund has received $219,497,976.17 from opioid settlement recoveries secured by the Attorney General's Office (AGO), including $39,533,570.20 in fiscal year (FY) 2025. Per statute, these funds are administered by the Executive Office of Health and Human Services, in consultation with the Opioid Recovery and Remediation Fund Advisory Council. In its fifth year, the Council expended $62,743,558.56. In alignment with the strategic priorities selected by the Council in FY2024. The section below contains a detailed overview of how these funds were allocated to address the racial and geographic disparities and ensure equitable distribution across the care continuum of the opioid use disorder (OUD) lifespan. Specifically, the strategic priorities are capacity building; data collection and analysis; equity; family supports; service expansion and enhancement; social determinants of health; and workforce. Guided by these priorities, the ORRF continues to implement its 5-year spending plan that calls for increased investments in FY2025-2029 to keep pace with funds coming into the ORRF, to ensure the Fund is maximizing its impact in the Commonwealth's efforts to combat the opioid epidemic, especially

through an equity lens. Under the plan, a minimum of $53 million in investments across the ORRF's seven strategic priorities has been identified and committed for FY2026, as described further below.

Council Activities: Since our last Annual Report, the Council has met four times, which it has spent prioritizing strategic initiatives in accordance with the mission, vision and principles of the ORRF Strategic Framework; welcoming and onboarding new Council members; and discussing and providing feedback on key initiatives, including the ORRF's work on (a) community grantmaking, (b) municipal data collection and analysis, (c) mobile addiction services, and (d) the Council members' roles. The ORRF strategic framework and priority initiatives reinforce the Commonwealth's and its municipalities' shared commitment to using abatement funds to supplement and strengthen substance use disorder (SUD) prevention, harm reduction, treatment, and recovery, particularly in historically underserved communities that have experienced a disproportionately high rate of opioid-related overdose deaths. Below, please find an overview of the Fund's FY2025 expenditures organized around the ORRF's strategic priorities.

Equity

FY25 ORRF Expended: $10 million (FY26 ORRF Commitment: $13.8 million)

- Continued to invest in *Redefining Community Wellness,* a grantmaking program designed to intentionally center Black, Indigenous, and People of Color (BIPOC) voices. This funding supports 20 organizations led by BIPOC to implement a wide range of programming to address substance use disorders directly and indirectly by focusing on the social determinants of health and building organizational capacity. This initiative is guided by community advisory boards, whose members reflect populations that have been disproportionately affected by the opioid epidemic.
- Continued to invest in Black and Latino Men's Re-Entry program sites, funding local nonprofits and community-based organizations to provide culturally responsive wraparound services and case management pre- and post-release, including individual recovery support for SUD.
- Continued to fund the Executive Office of Public Safety & Security to implement the School of Re-Entry at the Boston Pre-Release Center. The program provides access to all FDA-approved medications for opioid use disorder (OUD), access to evidence-based treatment for all individuals with substance use disorder who are incarcerated regardless of release date, counseling and mental health support, and aftercare referrals to community-based providers.
- In 2024, the Council approved a $5M direct-to-community grant initiative to create an accessible pathway for municipalities and non-profit organizations to apply for ORRF funds, particularly those based in historically underserved communities with a disproportionately high rate of overdose deaths. RIZE Massachusetts was selected to lead the design and implementation of the program, which resulted in the Mosaic Opioid Recovery Partnership, an innovative public-private partnership that funds equity-centered community initiatives. In its first year, (FY24 and FY25), Mosaic awarded $12.735 million through three rounds of grants. Round one awarded $3.75 million through the Community-based Opioid Response Efforts (CORE) Grant, which funded 18 organizations to bring their work to scale and meet the needs of the populations they serve. Round two, the Municipal Matching Grant, awarded $1.485 million to 30 municipalities that are investing in data-driven solutions at the local level. The third round of grants is anticipated to award $7.5 million to 8 organizations building comprehensive support systems for families across Massachusetts in FY26.

Service Expansion & Enhancement

FY25 ORRF Expended: $21.6 million (FY26 ORRF Commitment: $28.0 million)

- Continued to support the establishment and/or expansion of hospital-based SUD programs at 22 hospitals located throughout the state to provide addiction consult services and/or bridge clinics to increase access to care and strengthen linkages to ongoing care. Year 1 focused on program start up and identifying barriers and opportunities to increase billing to promote long term sustainability.
- Expanded access to low barrier, low threshold clinical care and harm reduction services to individuals who are at high risk for overdose and other medical complications associated with substance use by funding six mobile addiction service programs statewide.
- Expanded access to medications for opioid use disorder (MOUD) by funding existing Office-based Addiction Treatment (OBAT) and Opioid Treatment Programs (OTPs) to enhance their programs to reach historically underserved and/or hard to reach populations. Programs are co-funded with State Opioid Response (SOR) with a focus on community outreach and engagement and low barrier access.
- Continued to expand access to harm reduction services by supporting Syringe Services Programs (SSPs) to include services not currently covered by federal funding, such as access to non-injection harm reduction services and supplies, and additional education and information on the proper use of fentanyl test strips.
- Strengthened coordination, collaboration, and communication across critical programs providing support to birthing people impacted by substance use disorder (SUD).

Workforce

- Offered $1.9 million in awards to 85 applications for *The Substance Use Treatment Provider Loan Repayment Initiative,* in which healthcare professionals working in substance use treatment programs across the Commonwealth can apply for loan forgiveness awards.

Family Supports

FY25 ORRF Expended: $2.5 million (FY26 ORRF Commitment $3.0 million)

- Continued to fund statewide peer grief support to individuals and families who have lost loved ones due to SUD. Support is delivered by trained staff and volunteers who have experienced similar losses and serve as peer grief helpers.
- Funded 23 community-based youth-serving organizations to identify and engage young people at increased risk for developing substance use disorder and their families.
- Funded peer-led support network offering education, resources, and hope for family members and friends who have loved ones affected by substance use disorder.

Social Determinants of Health

FY25 ORRF Expended: $7.2 million (FY26 ORRF Commitment: $6.0 million)

- Expanded low-barrier recovery housing options and other basic needs support, including access to technology and transportation for high-risk populations in historically underserved communities.
- Supported Access to Recovery (ATR), a recovery-based program for individuals who are in early recovery from a substance use disorder (SUD). The goal of the program is to support participants in reaching their personalized recovery goals by providing care coordination, job training and supportive services designed to help participants reach their recovery goals with an emphasis on addressing barriers to employment.

Data Collection & Analysis

FY25 ORRF Expended: $3.0 million (FY26 ORRF Commitment: $2 million)

- Updated and maintained the SUD Community Dashboard housed at the state's Bureau of Substance Addiction Services (BSAS), which includes (1) community profiles that provide disaggregated city, town, and county level data on substance-related deaths, emergency events, and services; and (2) a BSAS Enrollments page, which reports on individuals who received services for SUD, broken out by geography, fiscal year, and demographic characteristics.

Municipal Capacity-Building & Support

FY25 ORRF Expended: $1.8 million (FY26 ORRF Commitment: $775,000)

- Supported the relaunch of municipal training and technical assistance (TTA) under the Mosaic Recovery Opioid Partnership program (MOSAIC). The MOSAIC TTA program is structured as a hub and spoke model that utilizes community-based organizations located in different regions that work with municipalities to strengthen their capacity to plan and implement effective programs.

Administrative Costs

FY25 ORRF Expended: $1.3 million

The Council continues to receive regular updates from the AGO on ongoing opioid litigation and settlements, including an update during the March 2025 Council meeting in which the AGO estimated the Commonwealth will receive a total of $955,973,811.16 in settlement funds over the next 18 years.

Approximately $617 million of these settlement funds, or roughly 60%, will go directly to the Fund, with the remaining 40% split across 339 cities and towns in the Commonwealth.

The Council recognizes the significant impact of these settlement funds in the Commonwealth's efforts to combat the opioid epidemic, particularly through an equity lens.

The Council acknowledges and appreciates the Legislature's, Attorney General's, and Executive Branch's continued commitment to engage in assertive opioid prevention and treatment initiatives, and investments in upstream prevention, particularly among historically underserved communities.

Sincerely,

Kiame Mahaniah, MD, MBA
Secretary, Executive Office of Health & Human Services

Cc: The Honorable Karen E. Spilka, Senate President
The Honorable Ronald Mariano, Speaker of the House

APPENDIX

Opioid Recovery and Remediation Fund Statute Legal

Authority: Chapter 309 of the Acts of 2020

Statute:

Section 35OOO (a) There shall be an Opioid Recovery and Remediation Fund. Expenditures from the fund shall be made by the Executive Office of Health and Human services, without further appropriation and consistent with the terms of settlements made in connection with claims arising from the manufacture, marketing, distribution or dispensing of opioids, as applicable. The secretary of health and human services, in consultation with the Opioid Recovery and Remediation Fund advisory council established in subsection (b), shall administer the fund.

The fund shall be expended to mitigate the impacts of the opioid epidemic in the commonwealth, including, but not limited to, expanding access to opioid use disorder prevention, intervention, treatment and recovery options. Amounts credited to the fund shall not be subject to further appropriation and monies remaining in the fund at the end of a fiscal year shall not revert to the General Fund but shall instead be available for expenditure during the next fiscal year. Any fiscal year-end balance in the fund shall be excluded from the calculation of the consolidated net surplus pursuant to section 5C of chapter 29.

There shall be credited to the fund: (i) amounts recovered by the commonwealth and credited thereto in connection with claims arising from the manufacture, marketing, distribution or dispensing of opioids; (ii) transfers from other funds authorized by the general court and so designated; (iii) funds from public or private sources, including, but not limited to, gifts, grants, donations, rebates and settlements received by the commonwealth designated to the fund; and (iv) any interest earned on such amounts.

(b) There shall be an Opioid Recovery and Remediation Fund advisory council regarding the expenditures from the fund. The council shall consist of the following members or their designees:

- the secretary of health and human services, who shall serve as a non-voting chair;
- 1 person to be appointed by the senate president;
- 1 person to be appointed by the speaker of the house of representatives;
- 1 person to be appointed by the minority leader of the senate;
- 1 person to be appointed by the minority leader of the house of representatives;
- 3 persons to be appointed by the governor, including not less than 1 person qualified by experience with opioid use disorder, either first-hand or as a family member of an individual with opioid use disorder;

- 3 persons to be appointed by the attorney general, including not less than 1 person qualified by experience with opioid use disorder, either first-hand or as a family member of an individual with opioid use disorder; and
- 10 people to be appointed by the Massachusetts Municipal Association, Inc., who are officials employed by a city or town and who represent the diversity of the commonwealth's cities and towns; provided, however, that not less than 2 officials appointed under this clause shall be employed by a city or town that is a gateway municipality, as defined in section 3A of chapter 23A; and provided, further, that no 2 officials appointed under this clause shall be employed by a city or town that is in the same county.

In making appointments, the appointing authorities shall ensure that the council includes: (i) members representing racially and socioeconomically diverse communities; (ii) members with public health expertise concerning opioid use disorder; (iii) members with personal experience with opioid use disorder; and (iv) members who will contribute to reducing disparities in health outcomes for underserved communities experiencing opioid use disorder. The appointing authorities shall also consider having racially diverse representation on the council.

The council shall hold no fewer than 4 meetings annually and the council shall make its recommendations upon a majority vote. The council shall be subject to sections 18 to 25, inclusive, of chapter 30A. Council members shall serve without compensation for terms of 2 years. Members shall be reimbursed for actual expenses necessarily incurred in the performance of their duties. Any member shall be eligible for reappointment. In the event of a vacancy, the original appointing authority shall appoint a new member to fulfill the remainder of the unexpired term. Any member who is appointed may be removed by the appointing authority. The secretary of health and human services shall provide administrative support to the council.

(c) Annually, not later than October 1, the secretary of health and human services shall file a report on the activity, revenue and expenditures to and from the fund in the prior fiscal year with the clerks of the senate and the house of representatives, the house and senate committees on ways and means and the joint committee on mental health, substance use and recovery and made available on the executive office of health and human services' public website. The report shall include, but not be limited to: (i) the revenue credited to the fund; (ii) the amount of expenditures attributable to the administrative costs of the executive office; (iii) an itemized list of the funds expended from the fund; and (iv) data and an assessment of how well resources have been directed to vulnerable and under-served communities.

Opioid Recovery and Remediation Fund Advisory Council Membership

Council Chair (non-voting)

- Joanne Marqusee, Assistant Secretary, Executive Office of Health and Human Services

Appointed Members

- Charles Anderson, MD, MPH, MBA, The Dimock Center
- Marci Bailey, North Reading Youth Substance Use Prevention Coalition
- Matilde Castiel, MD, Worcester Department of Health and Human Services
- Michele Clark, MPH, DrPH, Boston Public Health Commission
- Tess Curran, Fall River Department of Health and Human Services
- Gabrielle Dean, LICSW, Brookline Health Department
- Lisa Golden, Lowell Health & Human Services Department
- Vaira Harik, Barnstable County
- Erika Hensel, Office of the Attorney General
- Adrian Madaro, Massachusetts House of Representatives
- Taylor McAndrew, Northampton Department of Health and Human Services
- Candice McClory, Lynn Department of Public Health
- John McGahan, Retired, Gavin Foundation
- Carla B. Monteiro, MSW, LICSW, Grayken Center for Addiction at Boston Medical Center
- Patrick O'Connor, Massachusetts State Senate
- Andy Ottoson, Berkshire Regional Planning Commission
- Alyssa Peterkin, MD, Grayken Center for Addiction at Boston Medical Center
- David Rosenbloom, PhD, Boston University School of Public Health
- Stephanie Tonelli, Springfield Police Department
- LaToya Whiteside, Prisoners' Legal Services

Summary of Council Activities Since FY24 Annual Report

December 3, 2024

Summary: *Welcome to new members; updates on Mosaic Opioid Recovery Partnership and municipal reports; review of ORRF strategic priorities and new and ongoing initiatives; review of ORRF revenue and expenditures; presentation on Redefining Community Wellness*

In addition to introducing new council members and receiving updates on the Mosaic Opioid Recovery Partnership, the Council was also given an update on the ORRF's received and expended funds on strategic priorities and related initiatives in FY23, FY24, and FY25. The BSAS Director of Office of Community Health and Equity, Andi Macone, presented on the Redefining Community Wellness program.

March 12, 2025

Summary: *Updates on settlement payments into the ORRF; announcements on ORRF's emergency fund and update on first legislative briefing; review of municipal opioid abatement dashboard; review of ORRF strategic priorities, new and ongoing initiatives; presentation on Black and Latino Men's Re-Entry Project*

In addition to receiving updates on ongoing ORRF initiatives and the legislative briefing, the Council received updates from the AGO on FY2025 payments to the ORRF. The Council was also informed of uses of the ORRF's emergency fund and the municipal opioid abatement dashboard. Council Members asked questions on municipal spending, including which municipalities had spent all the funds they received, and whether municipalities can expend money on unrelated items. Anu Sahu, Harm Reduction Coordinator at BSAS, and Ranjani Paradise, Director of Evaluation at the Institute for Community Health, presented on the Black and Latino Men's Re-Entry Project.

June 4, 2025

Summary: *Welcome to new members; announcements regarding the updated BSAS dashboard and regional listening session; updates regarding municipal guidance and conference; review of ORRF strategic priorities, new and ongoing initiatives; presentation on mobile addiction services*

In addition to welcoming new Council members, the Council received an update on the BSAS dashboard and feedback from the first regional listening session that was held in Lynn in March. The Council was also informed of the new municipal guidance documents. The Council then reviewed progress on implementation of the ORRF's six strategic priorities. Ben Plant, BSAS Harm Reduction Services Coordinator presented on Mass General Brigham's Mobile Addiction Services (MAS).

September 10, 2025 (held in person at Marlborough Department of Public Health)

Summary: *Introduction of new ORRF Chair; welcome to new members; updates regarding the last and upcoming regional listening session; announcement regarding the upcoming Mosaic celebratory event and review of Mosaic's third round of grantmaking; review of municipality report changes; discussion regarding ORRF Advisory Council member roles*

In addition to receiving updates on the upcoming and past regional listening session, the Council was informed of Mosaic's celebratory event and third round of grantmaking. The Council was also informed of changes to municipal reporting requirements. Lastly, the Council completed a poll regarding their ideal level of engagement and the role of the Council.